

**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD: JULY 1, 2003 - JUNE 30, 2004**

COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS

2004 JUL 14 PM 4:08

THOMAS J PASTUSZKA  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: HEALTH AND HUMAN SERVICES AGENCY

Division/Unit: South Region Family Resource Center

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	1	Hours	302	X	\$17.19	=	\$5,191.38
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Types of work performed by GENERAL VOLUNTEERS in this category:

Clerical Support for Human Services Specialists: making packets, filing and logging out cases

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	0	Hours	0	X	\$17.19	=	\$0.00
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

<u>Position</u>	<u>Hours</u>	<u>X</u>	<u>VCL</u>	<u>=</u>	<u>Dollar Benefit</u>
					\$0.00
					\$0.00

No. Vol.	0	Total Hours	0	Total Value	\$0.00
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

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d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>1</u>	<u>302</u>	<u>\$5,191</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

<b>TOTALS:</b>	<b>1</b>	<b>Total Hours</b>	<b>302</b>	<b>Total Value</b>	<b>\$5,191.38</b>
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

<b>TOTAL VALUE =</b>	<b>\$0.00</b>
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4. VOLUNTEER PROGRAM COSTS:

a.

Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours      302                      X      Rate      \$21.83

<b>\$6,592.66</b>
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b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours                                      X      Rate

<b>\$0.00</b>
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c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : On the Spot Recognition Cost: \$10.00

Item : \_\_\_\_\_ Cost: \_\_\_\_\_

Item : \_\_\_\_\_ Cost: \_\_\_\_\_

TOTAL OF OTHER PROGRAM COSTS =

**\$10.00**

d. TOTAL OF PROGRAM COST (4a+4b+4c) =

**\$6,602.66**

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a Total Dollar Benefits of Volunteers, Item 2d **\$5,191.38**

b. Total of Donations to Volunteer Program, Item 3 **\$0.00**

c. Subtract Total of program Costs, Item 4d **\$6,602.66**

**TOTAL PROGRAM BENEFIT:**

**-\$1,411.28**

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6. **RECRUITING:**

Please describe your recruiting programs:

Community inquiries

7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

Continue to encourage and offer the volunteer program to community members as a way to establish a link to the community, and to assist its members develop marketable skills.

9. **GENERAL INFORMATION:**

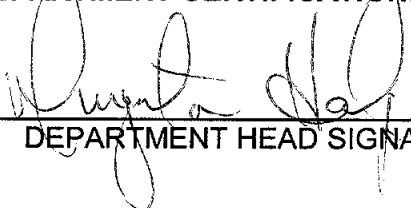
Name of person completing report: Olivia Juarez

Phone: (619) 409-3247 Mail Stop: W97 E-Mail: olivia.juarez@sdcounty.ca.gov

Volunteer Coordinator: Olivia Juarez

Phone: (619) 409-3247 Mail Stop: W97 E-Mail: \_\_\_\_\_

10. **DEPARTMENT CERTIFICATION:**

  
DEPARTMENT HEAD SIGNATURE

6/30/04  
DATE

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